PATENT APPLICATION FEE DETERMINATION RECORD Effective Octob r 1, 2003													
CLAIMS AS FILED - PART I								SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY					
(Column 1) (Column 2) TOTAL CLAIMS U.G.									FEE	i i	RATE	FEE	
10	TAL CLAIMS		49					RATE BASIC FEE			BASIC FEE	770.00	
FO			NUMBER (FILED	NUMBER EXTRA			BASIO / CC	303.00	ÓН		770.00	
TOTAL CHARGEABLE CLAIMS			<u> 79 min</u>	us 20=	29			XS 9=		OR	X\$18=	S 22	
IND	EPENDENT CL	AIMS	15 mi	nus 3 =	12			X43=		OR	X86= /	232	
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT					+145=		ОЯ	+290=		
• If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	2324	
1	13/10		SMALL 6	ENTITY	OR	OTHER SMALL E							
NTA		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Colui HIGH NUM PREVIO PAID	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	.60	Minus	-2/	9	= //		X\$ 9=		OR	X\$18= ,	550	
Ž	Independent	. 14	Minus	/	1	-0		X43=		OR	X86≖		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=		
1,2,4,7,3,11,12,16,22,24,34,39								TOTAL ADDIT, FEE		OR	TOTAL ADDIT. FEE		
. (3, 44, 45 (Column 1) (Column 2) (Column 3)									_			
AMENDMENT B	7-17-06	CLAIMS HIS NU PREN PREN		PREVI	HEST HBER PRESENT OUSLY EXTRA			RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. /3	Minus	•• /	60	-		X\$ 9=		ØЯ	/X\$18=		
	Independent	. /	Minus	***	14	-		X43=		OF	X86=		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		ØΒ	+290=		
								TOTAL ADDIT, FEE		OR	TOTAL ADDIT. FEE		
(Column 1) . (Column 2) (Column 3)													
NT C	•	CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	IEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total ·	•	Minus	•		=		X\$ 9=		OR	X\$18=		
AMENDMENT	Independent	•	Minus	***		=		X43=		OR	X86=		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										+290=		
TOTAL													
 	* If the entry in column 1 is less than the entry in column 2, write V in column 3. **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20," **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
	The "Highest Num	nber Previously Pa	id For (fotal o	tndepend	lent) is the	highest numb	er to	und in the ap	propriate bo	ox im co	okumn 1.		